

<b>Case Number:</b>	CM13-0024558		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who reported a work-related injury on 02/01/2009 due to cumulative trauma. An MRI of the cervical spine noted multiple levels of spondylosis. No herniations were noted. An EMG revealed that the patient had mild carpal tunnel syndrome on the right side. The patient complained of pain in her cervical spine and upper thoracic spine that was present every day. The patient's medications include gabapentin and Celexa. The patient was recommended for a 4 level disc replacement surgery in her cervical spine. A request has been made for 12 physical therapy sessions between 08/10/2013 and 10/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 Physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 147, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Recent clinical documentation stated that the patient's physical exam of her cervical spine revealed forward flexion of 50 degrees and extension of 50 degrees. Lateral bending was noted at 40 degrees to the left and 40 degrees to the right. Rotation was 70 degrees

to the left and 70 degrees to the right. There were a lot of trigger points in the paracervical, upper trapezius, mid trapezius, lower trapezius, supraspinatus, infraspinatus and rhomboids. Decreased sensation was noted at C5, C6 and C7. Muscle motor testing was 4/5 bilaterally of the upper extremities. It is unclear per the submitted documentation as to how many of the physical therapy visits that the patient has had to this date. The patient was noted to have undergone physical therapy sessions, chiropractic treatments and acupuncture treatments; however, the dates and number of sessions were not noted. The efficacy of the patient's previous physical therapy sessions was not noted. The California MTUS Chronic Pain Medical Treatment Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, the decision for 12 physical therapy sessions between 08/10/2013 and 10/15/2013 is non-certified.